MERGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT REC

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may

PHYSICIANS should state

of OCCUPA-

Exact statement

be properly classified.

STATE OF MARYLAND—CERTIFICATE OF DEATH

13356

1. PLACE OF DEATH  County Treograms	Registration Dist, No. 335
	NoSt.,Wall death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. It of toreign birth?yrsmos
2. FULL NAME Odell ashby	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cruest Asleby	1 HEREBY CERTLEY, That I attended deceased for the second of the second
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  4  Days  If LESS than  1 day,hrs.  ormin.  8. Trade, protession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I last saw h. L. alive on Security 3
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Va  (State or coupley)  2 13. NAME Roberty Hardy	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Was there an au'opsy?
15. MAIDEN NAME Odell Hardy 16. BIRTHPLACE (city or town). Wiknows: (State or country)  17. INFORMANT Cally (Address)	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR ROMOVAL Place Sharp Count Lionate Nov 16, 1937	Manner of Injury
19. UNDERTAKER It. Die Branguor 4/20	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Mr. 6, 19 3 7 Mr. Registrar.	(Signed) William Emnel Madress) Helps-md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	12	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JANUE	July 5, 1927	Peritonitis	3 days ago
	BURLAU V. S.	-		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	. PLACE OF DEATH /	142-0
	County le conne	Registration Dist. No. 333
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	How long in U.S. If of foreign birth? yrd
2	FULL NAME and May Ba	Les If U. S. Veteran, specify WAR
	(a) Residence: No. Snow Hill M8	St., Ward.  If nonresident give city or town and State
pathogen	(Usua) place of a) ode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, 5		21. DATE OF DEATH
1	or DIVORCED (write the word)	\\ \( \frac{1}{\infty} = \frac{1}{\infty} \) (Dey) (Yee
Ja.	If married, widowed, or divorced HUSBAND of (or) WIFE of 2004 2. Bayle	22.   HEREBY CERTIFY, That I attended deceased
6. 1	DATE OF BIRTH (month, dey, end yeer) May . 2) 1913	
7. /		to have occurred on the dete stated above, at
	24 P /3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
NO	8. Trede, profession, or perticuler kind of work done, as SPINNER, House he for SAWYER, BOOKKEEPER, etc.	repris from suffered 190
UPATION.	9. Industry or business in which work wes done, as SILK MILL, Horse SAW MILL, BANK, etc.	The formal state of the state o
၁၁၀	10. Date decessed lest worked at this occupetion (month end year)	
12.	BIRTHPLACE (city or town) 22 auglend (Stete or country)	Other Cautribustry Causes of Importance:
ER	13. NAME David Anilo	
II		ALL LOUIS
FAT	14. BIRTHPLACE (city or town)	Name of operational distance Date of 11/1 st
2	15. MAIDEN NAME & Backgarla	What test confirmed diegnosis? Wes there an aulopsy?
THE		23. If death was due to external ceuses (VIOLENCE) fill in also the following.  Accident, suicide, or homicide?
MOT	16. BIRTHPLACE (city or town) (State or country)	Where dld injury occur?
17.	INFORMANT I Epsie X Bayles (Address) Honor Hill Min	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMAJION, OR REMOVAL	Manner of Injury
	Place Mt les sely parte 52e 13, 198)	Neture of injury
19.	UNDERTAKER TEans Tornio  (Address) Sover Fell.	24. Wes diseese or injury in any wey releted to occupation of deceesed?
20	FILED Dec 10 19 34 & May Turner	(Signed) Myllum u

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	THE FUETS	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAM 6 1009	July 5,1927	Peritonitis	3 days ago	
	BUPEAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

nfor-	state	JPA-	
of i	plne	1000	1
item	sho	) jo	
D. Every	SICIANS	tatement	
r RECOR	Y. PHY	Exact s	
RMANENT	XACTL	classified.	
IS A PEI	stated E	properly	certificate.
HIS	be	pe	Jo
-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
UNFADI	supplied.	n terms, so	ee instruct
WITH	refully	in plai	ant. S
ALY,	be cal	ATH	mport
PLA	hould	OF DE	very in
-WRITE	mation sl	CAUSE (	TION is

STATE OF MARYLAND-CERTIFICATE OF DEATH

13358

1. PLACE OF DEAT	H 4		100
County Luc	me	CO-	Registration Dist. No. 503
Village or City & a	lead	a de la companya de l	No. 1/3 Cathell St. 3 Ward
			(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city	or town where o	leath docurred yrs,	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	lien	a Dun	If U. S. Veteran, specify WAR
(a) Residence: No.	5-100	(Usual place of abode)	St., Ward.
PERSONAL AND	STATIST	CAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR		5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
La al a	0	OR DIVORCED (write the word)	Dec ( 193 !
a. if married, widowed, or divorc	ed .	- massing	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of		121-1	22. I HEREBY CERTIFY. That I attanded decaased from
Nou	me	Janene	Nec 2 187, 10 Dec 4 1957
6. DATE OF BIRTH (month, day,	and year) X2	up. 1896	I last saw har alive on Dec , 190 ; death Is said
7. AGE Years	Months	Deys if LESS than 1 day,hr	to have occurred on the date stated above, at
49		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Date of onset
8. Treda, profession, or part	icular SPINNER		A P
SAWYER, BOOKKEEPI	R, etc		- Your memoring con
9. Industry or business in work was done, as SII SAW MILL, BANK, etc	K MILL,	tuno male	
kind of work done, as SAWYER, BOOKKEPI  9. Industry or business in work was done, as SII SAW MILL, BANK, etc  10. Date deceesed last works this occupation (month)		11. Total time (years) 7	
this occupation (mont year) 19.37	and 15	spent in this	
1101	(2000		Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Muse	Ond	
	0.	10 tto	
13. NAME 14. BIRTHPLACE (city or town	000	Junes.	
14. BIRTHPLACE (city or town (Stata or country)	1)	las.	Name of operation Dete of
1011	7	and II	What test confirmed diagnosis? Wes thara an eutopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town  (State or country)	gelie	le fuller	23. If daath wes due to external couses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town	1)	lp.	Accident, suicide, or homicide?
(State or country)		u made	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Last	res !	Dhunt ?	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REI	NOVAL 72		Manner of injury
Placelledanfi	Ul lound	Date WRP 7 193	Nature of injury
19. UNDERTAKER	e 1/4	Sewart	24. Was disaase or injury in any wey related to occupation of deceased?
	= // .	Marie Caralle	If an angelf.
(Addrass)	34 6	May Turner	(Signed) M. D. M. D.

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EU*E	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

STATE OF MARYLAND-	CERTIFICATE OF DEATH 13359
1. PLACE OF DEATH	(L)
County Stilomica and	Registration Dist. No. 33/
Village or City Manlie The and	No. St., Ward  f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. 14_ds. How long in U.S. if of foreign birth?yrsmosds
	If U. S. Veteran, specify WAR
(a) Residence: No 2127 File Wales Phil	od Signary Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 - / 9 , 193 7
a. If merried, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22./2   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) OLA 3 /85	I last saw h elive on 2 / 9 , 19 3 ?; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, atm.
5-2 8 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
A. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Valori Direct
at 1 Walndustry or husiness in which	- Sarrow Caremona
work was done, as SILK MILL,	D. P. A.
10. Date deceased last worked at this occupation (month end spent in this	Julian.
year) 43-7 occupation Judge	Other Coatributery Causes of importance:
12. BIRTHPLACE (city or town) J. buladelfshia. (State or country)	Other Centralities of Importance.
	7
	Name of operation Color Control Date of June
14. BIRTHPLACE (city or town) follogh (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ongelette bater	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) While a allha	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANTAS annelette Elyg (Address) for the lotae and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Puladelfolia pa Octo Dele 16, 1937	- Nature of Injury
19. UNDERTAKER James 4. Stewart	24. Was disease or Injury in eny wey related to occupation of deceased?
(Address) Salosleny and	If so, specify
20, FILED Dre. 20 1937 P. You Charle Walle	(Signed) Della Della M. S
1	The second of the

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	


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	STATE OF MARYLAND	CERTIFICATE OF DEATH	3360
1	1. PLACE OF DEATH - NA. MIL	inn. 120	
	County Miloppy go	Registration Dist. No.	333
	Village or City Salicity 18-10-#1- Day	No. Tilnwaler Est St., 9	Ward
	Length of residence in city or town where deeth occurred 25 vrs	death occurred in a hospital or institution, give its NAMD instead of street and n	
	2. FULL NAME Julia annie Bou	deatru. S. Veteran specify WAR	4
	(a) Residence: No. 11-0-#1. Box #1.	St., 9 Ward Felinguale of Salush	ma
	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Jemale Mile 5. SINGLE, MARRIED, WIDOWED, OR ON TO WORKED ( write the world)	21. DATE OF DEATH Dee, 9. th	, 193(Year)
0	5a. If married, widowed to district the MUSBAND of COT) WIFE of Lennel Bowden	22.   HEREBY CERTIFY That I attended	deceased from
ഖ്	6. DATE OF BIRTH (month, day, and year) aug. 3/-1863	Hast sew has alive on See 9 193	death is seld
cat	7. AGE Years Months Days If LESS than	to have occurred on the data stated ebove, at 30 Pm.	
certifi	74 3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance ware as follows:	Date of onset
_	8. Trade, profession, or particular kind of work done, as SPINNER,	P	7
k of	SAWYER, BOOKKEEPER, etc.	Catologables	175/
back	work was dona, as SILK MILL, all Norme	Probably neglined for Black	52693
no	This pool of the second of the	Rubturge of gall-bladder due to gall-stones en	20
instructions	yaasse occupation occupation	Other Contributory Causes of importance: Duration: one years	
ucti	12. BIRTHPLACE (city or town)  (State or country)	Typolemon	
ıstr		Operation for gall-staver refresh.	
	13. NAME / Man / Mary /	Name of operation	
See	(State of County)	What test confirmed diagnosis? Was thara an a	
int.	15. MAIDEN NAME/Willie Mulchell  16. BIRTHPLACE (city or town) World Market	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following	:
important	[ 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Data of injury	, 19
mp	(State of pountry)	Where did injury occur? (Specify city or town, county and State	e)
very i	17. INFORMANT  (Address) P.D -# - Box # 1. Salisbury	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLA	ACE.
.02	18. BURIAL, CREMATION, OR REMOVALO Place Construction, Date Ole, 11, 137	Manner of injury	
TION	Hellowan + P. a	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?	
I	19. UNDERTAKER / Julian Maria	If so, specify	
	20. FILED Dec 11, 1934 & May Turner Registrar.	(Signed) Level Mercun (Address) Solin ley Med	M. D.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

-WRITE

V. S. No. 1 P.

## STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			
County lucesmile	Registration Dist. No. 333		
Village or City a Listury and (If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
400	- A		
(a) Residence: No. 40 7 Lake (Usual place of abode)	St., 7 Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 6 193 7		
5a. If married, widowed, or divorced	(Month) (Oay) (Year)		
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY that t attended deceased from		
6. DATE OF BIRTH (month, day, and year) Olegate 1883	I last saw h ; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, atm.		
6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Healelins mellites teen		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last worked at his orgunation (month and	Cla mentelled fight of make		
this occupation (month and spent in this occupation 4.5 occupation	Other Contributory Canses of Importance:		
13. NAME Curphrace  14. BIRTHPLACE (city or town)	14 6		
I4. BIRTHPLACE (city or town)	Name of operation		
(State of Country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Sharlotte Brung tos  16. BIRTHPLACE (city or town) Solvalus (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?		
17. INFORMANT Mins asig and Brewington (Address)	(Specify city or lown, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL and Det 9, 1937	Manner of injury		
19. UNOERTAKER James FI Selewant (Address) Salgafrery med	24. Was disease or Injury in any way related to occupation of deceased?		
20. FILED Dec 9, 19 37 & May hime Registrar.	(Signed) M. D. (Address)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
processor.	S. 11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## RGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(23)
County Hilomics	Registration Dist. No. ## 336
Village or City Leelma, Ind. OF J.D.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Pers Francis Bris	lin
(a) Residence: No. Dulmar, And R Till (Usual place of abode)	/ St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Temple  White  Tanical	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Prish:	22.   HEREBY CERTIFY That I attended deceased from 19.2.7, to // 2 / 7, 19.3.7
6. DATE OF BIRTH (month, day, and year) How 2 /872	I last saw h_3 alive on
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at
63   /5   1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Jan
4 9. industry or business in which	mountain of any
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance
(State or country) Michigan	- A 3 dayi
13. NAME C. In Swalzey	Tacule annual fibrilation of high
13. NAME - Strategy  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comma & thompson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Frank Institute (Address) NO o may but	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Jellman Leif	Manner of injury
Place Place Date Date 19 ,193	Nature of injury
Will & marel	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER TOUS OF MAN 1001	If so, specify
110 19 22 H. P. S. L.	(Signed) III-Ly nel M.D.
20. FILED Registrar.	(Address) O Delines M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of-death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

l cause of death and related causes e were as follows:  psy 1 week ag reet car 1 week ag 3 days age
reet car 1 week ag
o days ay
outory causes of importance:
1 year

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	ely. (P)
County/Preomis	Registration Dist. No. 333
Village or City Salushung Ma.	No. P. S. Horsilal . St / 3 Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U. S. If of foreign birth?yrsmosds.
72 10 11 1	Account to the second
2. FULL NAME VUGET . Buttings.	If U. S. Veterae, specify WAR Plant United
(a) Residence: No. (J. 40.3 / Osual place of abode)	St., 3 Ward State  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWED, OR DIVORCED (write Mr word)	21. DATE OF DEATH Dec. 12 193 7
5a. If married widowad or divorced	(Month) (Oay) (Year)
5a. If married vidowad or divorced HUSBANO of Cort your le Buttonham	22. I HEREBY CERTIFY, That I attanded daceased from
20 - 24/2077	/2-3-, 1932, to /2-//, 1937
6. DATE OF BIRTH (month, day, end yeer) 1011. 24. //8/17 7. AGE Yeers Months Oays It LESS then	i last saw h_M_ alive on
1 1 day,hrs	to heve occurred on the dete stetad above, at
8 Trade profession or particular	ware as follows: Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, Basket Makes SAWYER, BOOKKEEPER, etc	, come authoris
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILA July SAW MILL, BANK, etc.  10. Date deceased last worked et  11. Total time (years) a 3	
SAW MILL, BANK, Co.	
chirs deciphologymonth and spant in this spant in this	12,
12. BIRTHPLACE (city or town) (Stete or country)  2 13. NAME Warrief & Buttingham	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stete or country)	Bronche - pumoua
2 13. NAME Warrief B. Brithingham	
13. NAME Warrel D. Bullingham  14. BIRTHPLACE (city or town) Willands	O a trata
14. BIRTHPLACE (city or town)	Neme of oparetion was a supplied that the state of 12-6-37 Whet test confirmed diagnosis? West here an eutopsy? 1/2
15. MAIOEN NAME Levenia E. Dennie	Whet test confirmed diagnosis?
15. MAIOEN NAME Remark. Dennie  16. BIRTHPLACE (city or town). Wellande (State or country). Mad-	Accident, suicide, or homicida?
S (State or country)	Whare dld injury occur?
	(Specify city or town, county and State) Spacify whathar Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
" / Hato, Memoral Park, Dark 14, 13	Nature of Injury
19. UNDERTAKER Holloway + Co. (Address) Salushi mid	24. Was disease or Injury in any way releted to occupation of deceased?
13 29 / may 1	If so, spacify (Signed) Planks C. Juneley M. D.
Registrar.	(Address) Saliflury, Ind. 8
If more blanks are needed, address State Registrat	, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

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Phop.

V. S. No. 1

OCCUPA-1. PLACE OF DEAT should Registration Dist. No. jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS statement How long in U.S. if of foreign birth? If U. S. Veteran, specify WAR. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH ON DIMORCED (write the word) anne CTL (Month) classified 5a. If married, widowed, or divorced **HUSBAND** of (OF) WIFE of 80 E 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above. 1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: Trede, profession, or particular HIS OCCUPATION kind of work done, as SPINNED SAWYER, BOOKKEEPER, etc. be be jo it may back should on 10. Date deceased last so that instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country supplied. in plain terms, FATHER See Name of operation\_ (State or country) carefully What test confirmed diagnosis?. MOTHER important 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ SE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. should very Manner of Injury Nature of injury\_\_\_\_\_ I'd to opcupation of deceased? 19. UNDERTAKEI If so, specify (Signed) Registrar. (Address)

(Day)

That I attended deceased from

Was there an autopsy?\_.

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balamore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

V. S. No. 1

SCORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
S IS A PERMANENT R	stated EXACTLY.	properly classified. Ex	certificate.
UNFADING INK-THIS	upplied. AGE should be	terms, so that it may be	e instructions on back of
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13365
1. PLACE OF DEATH	69
County Otiemico.	Registration Dist. No. 33 2
Village or Cit Pittsvalle, md,	NoSt.,Ward
A (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	ds. How long In U.S. if of foreign birth?
2. FULL NAME / DESMON Franklin Ogs	drug I If U. S. Veteran, specify WAR NO
(a) Residence: No. Tittovelle, Md.	Si Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrige the word)	21. DATE OF DEATH  Scenber 28, 1937  (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Dey) (Yeer)
(or) WIFE of Myra Cordrey.	1 HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer)	I last saw h AM alive on 12-28 ,1937; death is said
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, at 510 C_m.
43 1 9 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or perticular kind of work done, as SPINNER, Black Smith. SAWYER, BOOKKEEPER, etcBlack Smith.	acuto nephrilis probenstiles 12-20:37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- Lander Colon Col
10. Dete decessed lest worked et this occupetion (month end year)	
12. BIRTHPLACE (city or town) Whitesville	Other Contributory Causes of Importance; Seneralized sefucema
(State or country)  13. NAME Joseph D. Cordrey  14. BIRTUPLACE (city or town) Whisterwalls	from plalm the abocess , 11-1.37
14. BIRTUPLACE (city or town) Whitestelle,	Neme of operation Date of
(State or country) Selaware,	Whet test confirmed diagnosis? Chuncal Flatwes there an autopsy?
15. MAIDEN NAME Sallie a. Haddory	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Scallie a. Haddorf,  16. BIRTHPLACE (city or town). Westesville:  (State or country)	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT Clarence L. Smith	Where did injury occur?
(Address) Delman Delaware,  18. BURIAL, CREMATION, OR REMOVAL	
Plece Grace MS. Come Date Del 30th, 1937.	Neture of injury
19. UNDERTAKER OFW. Howard Wells U.S	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED EE 28, 1937 Lillian R. Davis Registrat.	(Signed) France M. D.  (Address) Preliands m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

1. PLACE OF DEATH	(1)
County & Salesting Wicom	117
	NO/ St.,  f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME James Dale	lf U. S. Veteran, specify WAR
(a) Residence: N6. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Colorol Manned	21. DATE OF DEATH  Orc (Month) (Day) (1937)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Dale	22. I HEREBY CERTIFY. That I attended decease 17 1937, to 5006 19
6. DATE OF BIRTH (month, day, and year) Lukuow	i last saw h wi alive on Dec 6 ,1937; death
7. AGE AGE Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEAT11 and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chamin substite of Before Bull
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  5. industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at 11. Total time (years)	
10. Data deceased last worked at this occupation (month and 936)  11. Total time (years) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Dayland (State or country)	Dther Sentributory Causes of Importance:
	-
13. NAME Samuel Sale  14. BIRTHPLACE (city or town) - Lyaf (State or country)	Name of operation Date of Date of What tast confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Salyabetts Sale	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcida, or homlclde? Date of Injury , 19
17. INFORMANT long de tale	Whera did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salusbruy  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tomendahap Date & El 10, 193/	Nature of injury
XI OGENERAL TO	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER / Y Z Comment of the	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	_	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago
Arteriosclerosis	1915	Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 6 1938			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	realion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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Every	CIANS	ement	
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REC	ľ. P	Exac	
VENT	TL	fied.	
RMAR	XAC	classi	
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K-T	plnou	t may	TION is very important. See instructions on back of certificate.
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DIN	I. A	so t	uctio
INFA	pplie	erms	instr
LHJ	ly su	lain t	See
WI	reful	in p	tant.
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KR]	ata jio	2	LION
7	7	7	

STATE OF N	ARYLAND-	CERTIFICATE OF DEATH	13367
1. PLACE OF DEATH		(Ba)	
County Hicanuco		Registration Dist. No.	222
Village or City Salssburg		No. 903 E, Church St.	5 Ward
Length of residence In city on town where death open		If death occurred in a horpital or institution, give its NAME instead of street and s	
2. FULL NAME Baty. (a) Residence: No. 903 Co.	urch fr.	hiell If U. S. Veteran, specify WAR Jesses Started Started St. Ward.  St. Ward. Handward for or town and the started s	ash h. W
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
200 (1) (1) OR !	SLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH accube 16	. 193 37 (Year)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY. That I attanded	daceasad from
6. DATE OF BIRTH (month, day, and year)	16,1937	liast saw h. in aliva on Lee . 16 1937	; death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 10:50 m.	
0 0	1 day, -2 -hrs. or min.	The PRINCIPAL CAUSE OF DEATH and raiated causes dimportence wera as follows:	0.4
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Y	Prematurity	Oata of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc  9. Industry or business in which work was dona, as SPINNER, SAWYER, BOOKKEPER, atc  10. Data dacaased last worked at this occupation (month and		J	*
SAW MILL, BANK, etc.	****************		-
10. Data dacaased last worked at this occupation (month and year)	1. Totel time (yaars) spent in this		
yaai)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	my	-	
	Jashiel &		
E C	1 Daniel		
(State or country)		Neme of operation Data of Data of What test confirmed diagnosis? Data of What test confirmed diagnosis? Data of	Morre
15. MAIOEN NAME (Linkel &	1 114 1101 -	23. If death wes due to axternal causes (VIOLENCE) fill In also the following	
15. MAIOEN NAME Lines X9	bur	Accident, suicide, or homicide?	_
S (State or country)		Where did Injury occur?	
17. INFORMANT Frank Och	erman	(Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL	jeva.	Menner of Injury	
Placa Tansons Cesa Oate	Dec 17,1937	Natura of Injury	
19. UNDERTAKER Hollowpy + G		24. Was disease or injury In any way ralated to occupation of deceased?	Zeo
(Address) Saluly m	d.	If so, spacify	
20, FILEO DIC 17 1934 4. 12	Lay Turner	(Signed) aukura	M. D.
	Registrar.	1 (Address) falealiery Me	ruface
If more blanks are	nkéded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	for 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 8 1000	July 5,1927	Peritonitis	3 days ago
-	BUCKAL V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

OF DEATH in plain terms, so that it may be properly classified.

should be carefully supplied.

N. B.-WRINE

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PL.	ACE OF DEAT	ГН			(3)	
Co	County Milanica		Registration Dist. No.	333		
Vil	lage or City 4	milla	nd a	nd	NoSt.	Ward
Ler	ngth of residence in cit	ly or town where	leath occurred 3		death occurred in a hospital or institution, give its NAME instead of streetds. How long In U.S. if of foreign birth?yrs	
2 511		0	60,0	000		
2. FU	LL NAME	The same	The state of the s	and Beach	If U. S. Veteran, specify WAR.	
(a)	Residence: No	11/1/4	(Usual place	of abode)	St., Ward.  If nonresident give city or town	and State
PI	ERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX	4. COLO	R OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	~
mas	le a	·a	man	red	(Month) (Day)	, 193 (Yeer)
HUSE	ried, widowed, or divo.	rced ,	a	0.00	22. A I HEREBY CERTIFY. Thet Latten	4444
(10)	WIFE of Yel	orgia	Desi	hield	22. I HEREBY CERTIFY. Thet latter	4 19 3 7
6. DATE O	F BIRTH (month, dey	, and year)	death	1880	I tast saw h. aliva on A 2 7 4 19	37 : deeth is said
7. AGE	Yeers	Months	Deys	tf LESS then	to heva occurred on the deta steted above, et	/,
	57			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were es follows:	
z 8. Tr	ede, profession, or pe				5/ 0/	Date of onset
5	SAWYER, BOOKKEE	PER, etc			Utile Valy Heart	1937
OCCUPATION DE CO	dustry or business in work was done, es S SAW MILL, BANK, e	which	1			
Ü 10. Da	SAW MILL, BANK, e ate deceasad lest wor		11. Total ti	me (yeers) 4.		
0	this occupetion (mor	nth end	spen	petion Lye		
12 DIDTU	PLACE (city or town).	Thurs	10-1		Other Contributory Causes of Importance:	
	ete or country)	//	me		In Int Melmil	1936
13. NA	ME Jahr	2 hoes	held		ales Delin	1936
13. NA 14. BI	RTHPLACE (city or to	wn) Fr	willa	not.	Neme of operation Date	of
	(Stete or country)		ma		Whet test confirmed diagnosis? Was there	
五 15. M/	AIDEN NAME	anne	I Star	tard	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the follo	wing:
15. M/	RTHPLACE (city or to	wn) 4 ss	utlan	ta	Accident, suicide, or homicide? Dete of injury	, 19
Σ	(State or country)		med	10	Whera did injury occur? (Specify city or town, county and	
17. thForm	MANT MAS Conditions	mil.	m. But	blued.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAI	L, CREMATION, OR R	EMOVAL 23	- 5		Manner of injury	
Ple	The lealus	ny leson;	Date NILE	24 , 19.37	Netura ct injury	
19. UNDER		4 Steer	rant		24. Wes disease or Injury in any way retailed to occupetion of decaesed	?
(A	ddress)	11 6	alistes	my and	If so, specify	
20. FILED 2	Dec 26,	,37 8	- Max	Turnes Registrar.	(Signed)	M. D.
				***************************************	The state of the s	

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BUREAUTA			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RECORD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

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JAN 6 1932			
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IN is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

	Registration Dist. No. 333  Registration Dist. No. 333  Registration Dist. No. 333  Ward death occurred to a hospital or institution, give in NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.  If U.S. Veteran, specify WAR
(a) Residence: No. Omancock Virginia (Usual place of abode)	St.,WardV
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) Let 22  7. AGE  Years  Months  Days  If LESS than I day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	22. I HEREBY CERTIFY, That I ettended deceased from 1937, to 12 - 1937.  I last saw harms alive on 12 - 130 , 1937; death is said to heve occurred on the dete stated ebove, at 8 A m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance weights follows:  Pate of onset
SAW MILL, BANK, etc	Other Contributory Causes of importance:
(State or country)  23. NAME laser Deler  14. BIRTHPLACE (city or town) Parties reptors Country)  (State or country)	Neme of operation Office duction Dete 1/26/37 What test confirmed Regnosis? Was there en eutopsy?
15. MAIDEN NAME & a die Amoon  16. BIRTHPLACE (city or town) Authority  17. INFORMANT (Address)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURTAL, CREMATION, OR REMOVAL Place Nancow, In Date 12/3, 1937.  19. UNDERTAKER Burduk, Johnson 76 (Address) Onani Ja. Va	Manner of injury

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M. D.

V. S. No. 1

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SUNDAL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	Every	CIANS	ement
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AGIN RESERVED FOR BINDING	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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ELV	K-T	plnous	t may
DED.	NI 5	AGE s	that i
H	DIV	1.	80
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1	Y, V	aref	H in
4	ATA	ld be c	DEAT
	PL	houl	OF
•	-WRITE	mation s	CAUSE

See instructions on back of certificate.

TION is very important.

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Vicomico	Registration Dist. No. 333
Village or City Salisbury	No. 420 Daws St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Seorge It. Cllis (a) Residence: No. 420 Pravis Solve	If U. S. Veteran, specify WAR
(Usual place of abode) fal	isbury, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. It married, widowed, or disporced HUSBAND of (or) WIFE of Lanah A. Piley	I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) March 15. 1867	I last sew h Leveliva on Lone 21 , 1937; deeth is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2.20 Lm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trada, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardio Rena O VIAR
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  J. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and	Parsease
10. Data daceased last worked at this occupation (month and 1930 spant in this occupation 53	
12. BIRTHPLACE (city or town) Mean Hards Store (Stata or country)	Other Contributory Causes of Importance:
13. NAME Ruber CODint	7,07
13. NAME Tuben Cliott  14. BIRTHPLACE (city or town) Man thanks Store  (Stata or country)	Name of operation Date of
The state of the s	What test confirmed diagnosis?
15. MAIOEN NAME Charlotte Cala  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mank of Claste # 3	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Strate Mod Data Dec 23, 1957	Manner of Injury
19. UNDERTAKER The Hill & Johnson co. (Address) Balisbridge, Ind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 23,1937 & May Junes	(Signed) Oracle M. D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
gile FALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# THIS

BINDING

FOR

RGIN RESERVED

of

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH County Treas plnoas Registration Dist. No. item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How iong in U.S. if of foreign birth?\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement If U. S. Veteran, specify WAR, (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (wries the word) (Year) classified. 5a. If merried, widowed, as divorced HUSBAND of 22. Y. That I attended daceased from (or) WIFE of 1876 properly certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oavs If LESS than I day, .... hrs. USE OF DEATH and related causas of importance or\_\_\_\_min. Data of onset 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..\_\_\_ OCCUPATION pe 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... may back 11. Total time (yaars) 10. Oata deceasad last worked at this occupation (month and spent in this so that year) \_\_\_\_ occupation .. instructions 12. BIRTHPLACE (city or town) supplied. (State or country) plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Neme of operation\_\_\_\_\_ (State or country) efully What test confirmed diagnosis?\_ MOTHER 15. MAIDEN NAME important in 23. If daeth was due to external causes (VIOLENCE) fill In also the following: AUSE OF DEATH Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town (Stata or country) (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE plnous 17. INFORMANT Very (Address) 18. BURIAL, CREMAT OR REMOVAL Manner of injury 3 LION 24. Was disease or injury In any way related to occupetion of decaesed? 19 UNOFRTAKER (Address) if so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RHALL V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 13373
1. PLACE OF DEATH	82-01
County Picconnico	Registration Dist. No. 333
Village or City Saleshey MG,	No. Brown St., 5 Ward
Length of residence in city or town where drath occurred 75 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME David E. Frield	If U. S. Veteran Special WAR
(a) Residence: No. Brown	St. 5 Ward Sahaling Ma
(Usual place of abode)	If nonresident tive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. OF CLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH Dec, 24, 193 (Month) (Day) (Year)
5a. If married, widowed, or diversed	
HUSBAND of follie fields	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Queg. 10-186	Alast saw h. Lea alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 22 of m.
75 4 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Of Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Studustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date december worked as the second of the	cerebral Elmorling Dec, 1)
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased worked along this period in this spent in this	7
year) occupation	Other Contributory Canses of Importance;
12. BIRTHPLACE (city or John) Calesbury	Cities Continues of Importance,
(State or country)	
14. BIRTHPLACE (city or John)	
14. BIRTHPLACE (city or Joyn) (State or country)	Name of operation
	What test confirmed diagnosis? Was there en autopsy?
	death was due to external causes (VIOLENCE) fill in elso tho following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mis annie la Dyke	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Brown at Saluth ma	
18. BURIAL, CREMATION, OR REMOVAL 10 10 12 2	Manner of Injury
Plage Colored Deliver 19 - 19 -	Nature of Injury
19. UNDERTAKER Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 26, 19 36 Wiftnay June. Registrar.	(Signed) M. D.
#	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

_

should state

PHYSICIANS Exact statement

EXACTLY.

stated

should be

AGE

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

19. UNDERTAKER

(Address)

nation should be carefully supplied.

properly classified.

certificate.

See instructions on back of

of OCCUPA-

	TE STEEL
STATE OF MARYLAND—	CERTIFICATE OF DEATH 13374
1. PLACE OF DEATH	(N2)
County Wiconnes	Registration Dist. No. 333
Village Dr City Saleshurg, Mg.	negistration bist. Itu.
Through Di Oity	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Charles Curus Geld	If U. S. Veteran, specify WAR
(a) Residence: No. Ormcest Come   No.	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	/3 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
1	Le 13 ,1937, 10 Des 1937
6. DATE OF BIRTH (month, day, and yeer) Tel 26 1917	I last sew h alive on VE 13 , 19 3 7; death is seid
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, et
20 9 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
9 Trade profession or particular	Prital wound of head land
S. Hade profession, or perindent, or perindent of the first of the fir	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
year) 1931 Nec occupetion	Dther Contributes Cames of importance:
12. BIRTHPLACE (city or town) Princes Come	Short Gharle
(State or country) Somerhand.	
13. NAME Cofcarles 6. Yelder	
14. BIRTHPLACE (city or town) Virden	Name of operation Date of
(State or country)	What test confirmed diagnosis?
# 15. MAIDEN NAME Cecelia Brotton	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Cecelia Brotton  16. BIRTHPLACE (city or town) Princess Compre	Accident, suicide, or homicide? Jean Company 12/13 1937
(State or country)	Where did injury occur?
That for a Direction	(Specify city or town, county and State)
17. INFORMANT AND TOURISM THE MA	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury estal start star lead
Place Princeselmoate Dea. 15 1937	Weiller of Injury

human

Registrar

Nature of injury\_

(Signed)

24. Was disease or injury in eny way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

(Addrass)

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 13375		
1. PLACE OF DEATH			
County Theomies	Registration Dist. No. 33/		
Village or City Hellox	17		
10 (1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residanca in city or town whare death occurred	sds. How long In U.S. if of foraign birth?yrsmosds.		
2. FULL NAME / MAGGED U. MAK	If U. S. Veteran, specify WAR		
(a) Residence: No. (Usual place of abode)	St., 15 Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  ALAGUM	21. DATE OF DEATH (Month) (Day) (Year)		
a. If married, widowad, or divorcad HUSBAND of (or) WIFE of July July	22. I HEREBY CERTIFY. That I attended deceased from  20. 21 1937.		
DATE OF BIRTH (month, day, end yaer) Oct. 73, 1851	I last sew h. elive on occusely 2 , 193.); death is said		
AGE Years Months Day's If LESS than	to have occurred on the date steted above, at 430 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8 φ   /   / δ   ormin.	wara es follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, AN TANKER BOOKKEEPER, etc.	arberi oscleroris		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chrosis my orawitis		
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) Additional (State or country),	Other Contributory Causes of importance:		
13. NAME Milan Phillips			
14. BIRTHPLACE (city or town)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME MALLY O. CARRON	23. If daath was due to extarnel causes (VIOLENCE) fill In also the following:		
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Date of injury19 Where did Injury occur?		
17. INFORMANT TRACK D. Phillips,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Managed + Date 17/73/37, 19	Manner of injury		
19. UNDERTAKER The Hill K Whison Co.	24. Was disease or injury in any wey related to occupation of deceased?		

If so, spacify

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

RGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods item of County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foraign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement 2. FULL NAME Veteran, specify WAR RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 4. COLOR-OR RACE 21. DATE OF DEATH PERMANENT CTL (Month) (Day) classified 5a. If married, widowed, or divorced HUSBAND of 22. Y. That I attended decaased from (or) WIFE of 4 × E certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than stated I day, ----- hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Dats of onsst Trade, profession, or particular OCCUPATION kind of work done, as SPINNER be Jo SAWYER, BOOKKEEPER, atc. back may should Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date decaased last worked at 11, Total time (years) on this occupation (month and spent in this that occupation ... instructions AG. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) plain terms. FATHER 13, NAME See 14. BIRTHPLACE (city or town) (State or country) carefully What tast confirmed diagnosis?\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicida, or homicide?\_\_\_\_\_ Data of injury\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did Injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT should OF (Addrass Manner of injury FION is Natura of injury. tro 24. Was disease or injury In any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are beeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage  JAN 6 1933	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
S IS A PERMANEN	stated EXACTL	e properly classified.	certificate.
H UNFADING INK-THIS	y supplied. AGE should be	ain terms, so that it may be	is very important. See instructions on back of certificate.
TE PLAINLY, WIT.	n should be carefully	SE OF DEATH in pla	is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Miconier	Registration Dist. No. 333
Village or City Salishung, Ind.	No. 1006 Church St., 5 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds,
2. FULL NAME Home Flils with Holls	
14 6 000 000	A Number
(a) Residence: No OOG (Usual place of abode)	St., O Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month) (Dev) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from Manch., 1937, to Local 23, 1937
10, 7 1665	10.0 74 63
6. DATE OF BIRTH month, day, and yeer)  7. AGE Yeers Months Deys If LESS then	I lest sew here elive on Lelle 1, 1931; deeth is seid to have occurred on the dete steted above, et 4:109.m.
(a) - 1 (a) I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceusas of importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Julesculoses pulmoning unkny
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation yaar)	
	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town)	myosandiax
13. NAME Only	usificacy, clience. On Rus
E	Neme of operation The Let Dete of
14. BIRTHPLACE (city or town)   State or country)	What test confirmed diagnosis? Cleared Was there an eutopsy?
15. MAIDEN NAME Lettie Collins	23. If death wes dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Settle Collins  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Data of injury 19
(Stete or country)	Where did injury occur?
17. INFORMANT MALLON (Address) Sale Sur And	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / near Delma, Let	Menner of injury
Place Mayo Char Date Date 3.6, 1937	Natura of Injury
19. UNDERTAKER Will S. Maryel (Address) Delmay Joel	24. Wes disease or injury in any way releted to occupetion of deceased?
20. FILED Del 25, 1937 D. May Junes Registrar.	(Signed) M. D.  (Address) A - J. A - M. Grunden
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	over 100 p	Example II	ZJ-14411 PTCD
The principal cause of death and related ca of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Advantage Comment of the Comment of			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY PI	HYSICIAN
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on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

AD. Every item of infor-

Exact statement of OCCUBA-

WRITE PL

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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	usy and
County Miconico	Registration Dist. No. 383
Village or City Jalusky Md.	No. 630 Hest Main of 9 Ward
/67 tot (1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where do th occurred yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dlorge J. Jepkins-	If U. S. Veteran, specify WAR
(a) Residence: No. 634/14. (Man.	St., 9 Ward. Salusting Mid
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OX DEVORCED (write the word)	21. DATE OF DEATH WELL 18
Male // who markets -	(Month) (Day) (Fear)
5e. If married, widowed, or divorted HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Eller M thereens	Here 1 1037 to de 18 1037
6. DATE OF BIRTH (month, dey, end year) Sept -25, 187	Mast saw h alive on A 7, 19 7; deeth is said
7. AGE Yeers Months Devs If LESS than	to have occurred on the dete stated above, at 2306 m
67 2 23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trede, profession, or perticular	were as follows:
kind of work done, es SPINNER, Jahren, SAWYER, BOOKKEEPER, etc.	Och 1 - No - N 1936
9. Industry or business in which	
kind of work done, es SPINNER, AWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decased lest worked et this organization ments and	
and open the time	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city of lown) Bushing	1931
(State or country)	alles Joeles
13. NAMINESSEEM TENERS 3  14. BIRTHPLACE (city or town) Salushy m	
4. BIRTHPLACE (city or town) Saluty	Name of operation Date of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Survey Landers -  16. BIRTHPLACE (city or town) Salaffay  (State or country)	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Salaphan	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT US. Elley M. Jenking	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) ( 30 . N. Mary st. Sales	any Ma.
18. BURIAL, CREMATION, OR REMOVAD	Minner of Injury
Place Mushes Ceny Dete CC , 2 , 190	Nature of injury
19. UNOERTAKER / Tollowpyr 4.	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) Salishy md	If so, specifi
20 FILED Dec 20, 1931 1 V. May Junes	(Signed) M. D.
Registrar.	(Address) all all soll,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE SALL V. S.	1		
Other contributory causes of importance:	, ,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

AUSE OF DEATH in plain terms, so that it may be

TION is very important. 17. 18.

nation should be carefully supplied.

properly classified.

See instructions on back of certificate.

of OCCUPA.

Exact statement

7.

OCCUPATION

MOTHER | FATHER

(Address)

20, FILED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13379
1. PLACE OF DEATH	93-0
County Milossilo	Registration Dist. No. 333
HITELS OF ORATE SINES	0 0 015 15
Village or City Cales lowery (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death courredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME amangla Chane	If U. S. Veteran, specify WAR
(a) Residence; No. Arrunt land and	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Semale a.a. married	(Month) (Day) (Year)
A. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Haopen & James	6000 6 137 to 1000 1937
6. DATE OF BIRTH (month, day, and year) The	I last saw h. eq. alive on the 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10A m.
1-1 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:  Date of onset  193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	unsmy parates 1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occupant in this occupantion (month and	
SAW MILL, BANK, etc.	
- I spent th this - 1	
year) 14-3-7	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 1. Auchlong	
(State or country)	pella cusees de
13. NAME CLIRAGE (city or town) Canhanaum	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maria Charlether  16. BIRTHPLACE (city or town). Alexandra	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS LOOPY of Luggley	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL CREMATION, OR REMOVAL & 2008	
Place MT Carrey Organia Nol 12 1937	Manner of Injury
133	Nature of injury
19. UNDERTAKER Jones To Dewart	24. Was disease or Injury in any way related to occupation of deceased?

If so, specify (Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

V. S. No. 1

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Chronic interstitial nephritis 1 6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods County ULC Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long In U.S. if of foreign birth? vrs. mos. ds. RECORD. Every statement If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CTL (Month) classified. 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of EX certificate 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than Days to have occurred on the date stated above, at, stated 1 day,\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH end related causes of importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may plnods 10. Date deceased last worked at no 11. Total time (years) this occupation (month end spent in this that occupation .... instructions (State or country) supplied. plain terms, FATHER Name of operation. (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION. Menner of injury CAUSE mation TION Nature of injury. 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

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Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU W. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

NT RECORD. Every item of infor-	LY. PHYSICIANS should state	d. Exact statement of OCCUPA-	
IIS IS A PERMANE	be stated EXACT	be properly classified	of certificate.
B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day,	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13381
Village or City.  St.   Ward   Length of residence in city or Jown where digth occurred   O. yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   mes.   ds.   How long in U. S. if of foreign britth?   yrs   ds.   How long in U. S. if of fore	1. PLACE OF DEATH	46-6
Length of residence in city or Jown where death occurred of the control of the state of the control of the cont	County Necomuch	Registration Dist. No. 333
Length of residence in city or town where dyth occurred. Jys	Village or City Salishur Ind.	
2. FULL NAME  (a) Residence: No. 20 7 2 2 (Charly see of shook)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED  OR DIVORCED (vyride word)  3. SIX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED  OR DIVORCED (vyride word)  OR DIVORCED (vyride word)  The William of the word)  5.5. If married, widowed, or dispreed  (month, day, and year)  1. SAM WILL SAM, will, sam, and year)  1. Trace, profession, or particular  Or william or particular  Or		
(2) Residence: No. 20.7 (Chasiplese of shools)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (quiris) word)  5.6. If married, widowed, or dispreed (cry Wife of Cory Wife	6	100 000 000 000 000 000 000 000 000 000
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR BRACE S. SINGE, MARRIED, WIDOWED, OR DIVORCED (*princh a word) S. H. married, widowed, or dispreed HUSBARDO ((Wonth)) S. H. MERINGE, Color of DEATH  1 last save h. Add. Silve on. Selected HUML, 19. 2, 2; death is said to have occurred on the date stated above, at. J. mar.  1 last save h. Add. Silve on. Selected HUML, 19. 2, 2; death is said to have occurred on the date stated above, at. J. mar.  1 last save h. Add. Silve on. Selected HUML, 19. 2, 2; death is said to have occurred on the date stated above, at. J. mar.  1 last save h. Add. Silve on. Selected HUML, 19. 2, 2; death is said to have occurred on the date stated above, at. J. mar.  1 last save h. Add. Silve on. Selected HUML, 19. 2, 2; death is said to have occurred on the date stated above, at. J. mar.  1 last save h. Add. Silve on. Selected HUML, 19. 2, 2; death is said to have occurred on the date stated above, at. J. mar.  1 last save h. Add. Silve on. Selected HUML, 19. 2, 2; death is said to have occurred on the date stated above, at. J. mar.  1 last save h. Add. Silve on. Selected HUML, 19. 2, 2; death is said to have occurred the date stated above, at. J. mar.  2 last save h. Add. Silve on. Selected HUML, 19. 2, 2; death is said to hav	and laket the	Till was
21. DATE OF DEATH  22. If HER EBY CERTIFY, That I attended deceased-from HUSBARD  35. If married, widowed, or disperced HUSBARD  36. DATE OF BIRTH (month, day, and year)  37. AAE  38. Trade, profession, or particular  39. Sawyers, Bookkeeper, etc.  49. Sawyers, Bookkeeper, etc.  49. Sawyers, Bookkeeper, etc.  49. Sawyers, Bookkeeper, etc.  49. Sawyers, Bookkeeper, etc.  40. Sawyers, Bookkeeper, etc.		
The PRINCIPLE (city or town)  13 In JANKE  14 INSTANCE (city or town)  15 INSTANDER NAME  15 INSTANDER NAME  16 INSTANDER NAME  16 INSTANDER NAME  17 INFORMANT  18 INSTANDER NAME  18 INSTANDER NAME  19 INSTANDER NAME  19 INSTANDER NAME  19 INSTANDER NAME  10 INSTANDER NAME  11 INFORMANT  12 INFORMANT  13 INFORMANT  14 INFORMANT  15 INFORMANT  16 INFORMANT  17 INFORMANT  18 INFORMANT  19 INFORMANT  19 INFORMANT  10 INFORMANT  11 INFORMANT  12 INFORMANT  13 INFORMANT  14 INFORMANT  15 INFORMANT  16 INFORMANT  17 INFORMANT  18 INFORMANT  19 INFORMANT  10 INFOR	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of Cory WIFE of Mule 1931 To the Centributor 1931 to Market 1932 to Marke		Pec. 13, (15) 193/
1 Isat saw h. A. alive on	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
TARE Years Months Days If LESS than 1 day,	C DATE OF BIRTH (month day and was) 74 44 6 44 6	1 last saw h. All alive on Percur Let 3 1923: death is said
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  S-industry or business in which work was done, as SILK MILL.  Sometimes of the contributory Causes of importance:  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  18. BURIAL, CREMBTIBN, OR REMOVAL, Place  18. BURIAL, CREMBTIBN, OR REMOVAL, Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  11. Total time (years) spent in this social patients of the country of the countr		21. 0
Register or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATISM, Re REMOVAL  Place  (Address)  19. UNDERTAKER  (19. )		The state of the s
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)    13. NAME	& Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEEPER, etc.	Consumue of Storesails
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homlcide?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)  21. INFORMANT  (Address)  17. INFORMANT  (Address)  (Addre	9. Andustry or business in which	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)    13. NAME	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, AR REMOVAL  Place  18. BURIAL, CREMATION, AR REMOVAL  (Address)  19. UNDERTAKER  (Signed)  10. Date of operation.  What test confirmed diagnosis?  Was there an eutopsy?  What test confirmed diagnosis?  Was there an eutopsy?  What test confirmed diagnosis?  Was there an eutopsy?  Accident, suicide, or homlcide?  Date of injury.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Nature of injury.  Nature of injury.  Nature of injury.  Nature of injury.  19. UNDERTAKER  (Signed)  16. Signed)		A
(State or country)    13. NAME	TO DIDTURE ACT (althous form) M 24 Mel A.	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Address)  20. FILED  21. Manuer of injury (Specify city or town, country and State)  24. Was disease or injury in any way related to occupation of deceased?  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  16. So, specify (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. Manuer  (Signed)  (Signed)		
What test confirmed diagnosis? Was there an eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  ACCIDENTAKER  (Address)  19. UNDERTAKER  (Address)	13. NAME Frank Dashell	
What test confirmed diagnosis? Was there an eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Address)  20. FILED  21. Manuer of injury (Specify city or town, country and State)  24. Was disease or injury in any way related to occupation of deceased?  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  16. So, specify (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. Manuer  (Signed)  (Signed)	14. BIRTHPLACE (city or town)	Name of operation
(Specify city or town, country and State)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  20. FILED  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Sepecify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Specify city or town, country and State)  Specify city or town, country and State)  Specify city or town, country and State)  Specify city or town, country and State)	(State of country)	What test confirmed diagnosis? Was there an eutopsy?
(Specify city or town, country and State)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  20. FILED  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Sepecify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Specify city or town, country and State)  Specify city or town, country and State)  Specify city or town, country and State)  Specify city or town, country and State)	15. MAIDEN NAME / atille Dochill	
(Specify city or town, country and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  20. FILED  20. FILED  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Sepecify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Sepecify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Address)  (Address)  (Address)  (Security occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Security occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Address)  (Address)  (Address)  (Address)  (Security occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Security occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Security occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Security occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Security occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Security occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Security occurred in INDUSTRY, i	16. BIRTHPLACE (city or town) 14 askelly 7	Accident, suicide, or homicide? Date of injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place Justing Date 2/ 9 3. 19  19. UNDERTAKER A MANAGEMENT OF THE PROPERTY O	(State or country)	(Specify city or town, county and State)
Place State auxillary Date 2/16 & Nature of injury  19. UNDERTAKER AND PASSER STATES  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Messiek flavis  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)	18. BURIAL, CREMATION, OR REMOVAL, 2nd, 12/1/27	Manner of injury
(Address)  20. FILED Dec 13,1937 Dr. May Turner (Signed)  (Signed)	Place States augiliny Date 1/19/10,19	Nature of injury
20. FILED NO. 199/ W. Wary Munico		
	20. FILED Dec 13, 1937 V. May Turner Registrar.	(Signed) William Survice M. D.  (Address) Ef elagu - 772

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS

IS A PERMILL. PHYSICIAMS stated EXACTLY. PHYSICIAMS

See instructions on back of certificate.

AGE should be

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USE OF DEATH in plain terms, so that it may

ON is very important.

tion should be carefully supplied.

-WRITE PL.

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V. S. No. 1

of OCCUPA.

AD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Micanico	Registration Dist. No.
Village or City Salssbury Mo	ND. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Grant Lee Jone	If U. S. Veteran, specify WAR 1
(a) Residence: No. (Usual place of abode)	St., Ward The Difference of the State of the
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That f attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 17 1903	I last sawn slive on Que 13 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
32 9 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Date of officer
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9, Industry or businass in which	Osteoneyelitio
work was done, as SILK MILL, Farm works.	tof fluity.
9. Industry or business in which work was done, as SILK MILL, Farm survives.  10. Data decessed last workad at this occupation (month end year)  11. Total time (yeers) spent in this occupation.	
12. BIRTHPLACE (city or town) Danies Juantes	Dthar Contributory Canoes of Importance:
(State or country)	
13. NAME day Jones.	
13. NAME day Jones.  14. BIRTHPLACE (city or town) Dalues Masler.	Name of operation Deta of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?Q
15. MAIDEN NAME Julia While	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Julia While  16. BIRTHPLACE (city or/town) Danies Juane	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Stary Custos (Address) Salishanu Galasta	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL John H. Willen	Manner of Injury
Place Daniel Sudales Date Dec 13, 1937	Nature of Injury
19. UNDERTAKER Treats Stand Ind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 11, 1937 & May Turner	(Signad) Darles Surgery M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis OFIN 0 1188	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A CONTRACTOR OF THE CONTRACTOR				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

RGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(gu)
County Williamser	Registration Dist. No. 337
Village or City Dingelve	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How iong In U.S. if of foraign birth?yrsmosds.
7/	If U. S. Veteran, specify WAR
B. I. A. I.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Well annual	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad	
(or) WIFE of May w Venerables	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tub 14 1860	I last saw h; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
// / ormin,	Tha PRINCIPAL CAUSE OF DEATH and ralated beusas of Importance ware es follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	side deal
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as Silk MILL, SAW MILL, BANK, etc.  II. Total time (years)	Postal C
work was done, as SILK MILL, SAW MILL, BANK, etc	Coronary
10. Data deceased last worked et this occupation (month and by year) occupation occupation.	Entocito.
Binchae	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	- sent arancerous
13. NAME John W. Jones.	
13. NAME Of W. Jones  14. BIRTHPLACE (city or town) Birany	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town) Wellipquin,	23. if death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Westinguin,	Accident, sulcide, or homicide? Date of injury, 19
X (Stete or country)	Whore did injury occur? (Specify city or towo, county and State)
17. INFORMANT ALL ASA JOSE JOSE (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Walters Grow. Date 29 , 1937	Neture of Injury
19. UNDERTAKER Also Wellessiere Sons	24. Was disease or injury in any way related to occupation of deceased?
10 - 701 01 11 -	(Signed) a Celle Fields M.D.
20. FILED Alle 27, 1937 K. Wasford Walles	(Address) Munteroleo und

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI Registration Dist. No. Village or Cityle of (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. Length of residence in city or town where death occurred. statement If nonresident give cit or town and Stat (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) classified. 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE to have occurred on the date stated above, at 11.3 Months Davs If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ OCCUPATION may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceesed last worked at 11. Total time (years) this occupation (month end that occupation 44 instructions 12. BIRTHPLACE (city or town) (State or country) plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town What test confirmed diagnosis? (State or country) Was there an eutopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury USE Nature of injury LION 19. UNDERTAKER (Address) (Signed). Registrar. (Address) \_\_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requestive

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis JAN 6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   BUREAU V S	July 5,1927	Peritonitis	3 days ogo	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BI	PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state

SAUSE OF DEATH in plain terms, so that it may be properly classified.

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See instructions on back of certificate.

Exact statement of OCCUPA.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Desmit	Registration Dist. No. 17336
Village or City Lollman Ind	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
)-	death occurred in a norphial of institution, give its NAIVIE instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Olan Knight	
(a) Residence: No. Lelma And RFL (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 5, 188	I last saw harmalive on Dic 12
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated ebove, atm.
33   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chime ruplishy!
Industry or business in which	My beardily
SAW MILL, BANK, etc.	J
10. Date deceased last worked at this occupation (month and spent in this	
year) - Luce - 1-1-1-2 ogrupation 3-0-477	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) Italah July	
(State or country)	tonte dibilations pur unto
13. NAME  14. BIRTHPLACE (city or town)	
	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SAME CHANGE	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Dr. T. Hella Pa. (Address) 14/7 W. Ontario St. Phila. Pa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Phila, Pa.	Manner of injury
Place /4 Place Date Date 16 1937	Nature of injury
19. UNDERTAKER Hill 8. Manyl	24. Was disease or injury in any way related to occupation of deceased? Z
(Address) Illma Cull	If so, specify
20. FILEOCC 14, 1937 Harry Edulation	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

USE OF DEATH in plain terms, so that it may be properly classified.

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See instructions on back of certificate.

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19. UNDERTAKER

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	THO STATE OF THE S
County This mill	Registration Dist. No. 333
	No. Terrinsula Gereul Hoopidal St. 13 Ward
Village or City————————————————————————————————————	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Unne Seel	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. Allnan, Ill 1  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 10, 1899.  7. AGE Years Months Days If LESS than	I lest saw h ; death is said to have occurred on the date stated above, at we have occurred on the date stated above, at we have not been said to have occurred on the date stated above, at we have occurred on the date stated above.
38 / 1/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
Trade, profession, or particular kind of work done, es SPINNER, Secretary	100 Ball
SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and this occupation (month and this occupation) (month a	Collingues Re 2014
10. Date deceased lest worked at this occupation (month and 1937   11. Total time (years) spent in this occupation occupation.	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Man F.
13. NAME Wan Seek	
13. NAME Han Self  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation alleaning sector Date of Carlo 145; What test confirmed diagnosis? Alleaning Was there an autopsy? Md.
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME CLANA) A CSE  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Salah C. Xeel, (Address) Seelman, Seel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Charefelellagille, Meraulogie 13/38, 19	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ...

Registrar.

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance; S Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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13. NAME

17. INFORMANT (

14. BIRTWPLACE (city or town)

16. BIRTHPLACE (city or tow (State or country)

15. MAIDEN NAME

(Stata or country)

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13387
1. PLACE OF DEATH	(18)
//	Registration Dist. No. 333  No. St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. mos. ds.
11	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  W. A. SLEA  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  W. A. SLEA  Gory WIFE of  June 12  Jun	21. DATE OF DEATH  (Month)  (Dey)  (Year)  22.   HEREBY CERTIFY, That I attended deceased from 1937, to 2007, 1937
6. DATE OF BIRTH (month, day, and yaar) fully 17, 1867	I last saw h alive on 1937; deeth is said
7. AGE Years Months Oays If LESS than I day,hrs. orhrs.	to have occurred on the date stated above, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Date decaasad last worked at this occupation (month and year) occupation.	Chan a wall again.
12. BIRTHPLACE (city or town) Such (State or country)	Other Contributory Causes of Importance:

Nama of oparation

Accidant, suicide, or homicide

(Address)

(Addrass) 18. BURIAL, CREMATION, OR REMOVAL 19. UNOERTAKER (Addrass) 20. FILED Registrar.

Munsas

Spacify whethar Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury ralated to occupation of daceasad?

external causas (VIOLENCE) fill In also the

(Specify city or town, county and State)

(Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago D118/17A Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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V. S. No. 1 .

stated EXACTLY. PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA. KLY, WITH UNFADING INK-THIS IS A PERMANENT RES CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. tion should be carefully supplied. AGE should be N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(191)
County Supplies	Registration Dist. No. 333
Village or City No. Salishary	No. Ollan City Road St., J Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 41 yrs, mos	
2. FULL NAME SASANA R Par	Kel If U. S. Veteran, specify WAR
(a) Residence: No. Ollar City Road	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Miller & acker	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 3, 1859.	I last saw h alive on 1937 : death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et 2.3.0m.
7 V 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession of particular	were as follows:  Carlos and - Use and - Use of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
/24	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME GENERALISTES	
13. NAME GENTLOWN 1. 14. BIRTHPLACE (city or town).	Name of operation
(State or country)	What test confirmed diagnosis
15. MAIOEN NAME May Fainwright  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury19
(State or country)	Where did injury occur?
17. INFORMANT AUS VILLAS & GIBEN, (Address) Lalisbury, M. F.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL ALLEGALLY 1 N 79137 10	Manner of Injury
Marian Ma	Nature of injury
19. UNDERTAKER IL ALLA MALLANDE C., (Address) Lalizakung 1924,	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Dec 29,19 37 D. May Timer.	(Signed) M.D.  (Address) July Tud
//	

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Example II -Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND-	CERTIFICATE OF DEATH 13389
1. PLACE OF DEATH	(III)
County was esty	Registration Dist. No. 333
100000	May be it a list. No.
Village or City Joe (If	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mabel I Pursull	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. Manual State  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 192 7
Lemal Calence much	(Month) (Oay) (Year)
Se. If married, widowed, or divorced HUSPAND of (or) WIFE of Martin Dale Prevent	22. HEREBY CERTIFY. Thet i attended deceased from 1972, to fle 16, 1992.
6. DATE OF BIRTH (month, dey, and yeer) Maich 11 1909	i iast saw hall elive on fle ny 19 7 7, deeth is said
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, at
48 9 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trede, profession, or particular	were es follows:
kind of work done, as SPINNER   Augs wash	I flant so Es
9. Industry or business in which	The state of the s
work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Ipdustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed iest worked et this occupetion (month end speer)  11. Total time (yeers) spent in this occupetion.	
12. BIRTHPLACE (city or town) Inow Till	Other Coatributary Causes of Importence:
(State or country) Mark ord	3.5%
II 13. NAME John Al Milson	
E 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Neme of operation Casac Oate of 125/37
(Stete or country)	Whet test confirmed diagnosis?  Wes there en autopsy?
15. MAIDEN NAME	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Thow Thelp	Accident, suicide, or homicide?
(State or country) Mary Carel	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary filellegy (Address) Travel Tiellegy	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Sales Lemm Oete de 78, 1957	Nature of injury
Lagreesterlas . 1	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER ALCUME ALCUMENTS	If so, specify
Dec 26 37 ( 1 200 )	(Signed) M. O.
20. FILED Registrar.	(Address) To be 7 Mo,

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

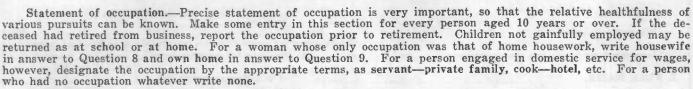
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 8 1938			
Other contributory causes of importance:	de la compa	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE REAL PROPERTY AND THE REAL PROPERTY.			

STATE  1. PLACE OF DEATH	OF MARYLAND	-CERTIFICATE OF DEATH
Count / Comit	7	Bosistantian Rich No. 1715
Village or City Sales	him Md.	Registration Dist. No.
		If death occurred in a hospital or institution, give its NAME instead of street and nur
Langth of sesidence in cite or town with	ere death occurred yrs mo	4 Amerita an
2. FULL NAME 200	& Lange	St. 3 Ward.
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and St.
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
Male / hite	5. SINGLE MARRIED, WIOOWEO, OR DIVORCED (write be word)	21. DATE OF DEATH Dec. 144, 1
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. SI HEREBY CERTIFY That I ettended day
6. DATE OF BIRTH (month, day, and yeer)	Dec. 14. 193	I last saw ham alive on Dee 14 193);
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at 10.53%.
0 0	or_/_Q_min.	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of Importenca wera as follows:
8. Trade, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Prevalence Birel 6 mounty
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		
	11. Total tima (years)	
year)	24	Other Coutributory Couses of Importance:
12. BIRTHPLACE (city or town)	Ind	-
13. NAME Slove 7	Smith	
14. BIRTHPLACE (city of town)	Bullalow	Name of operation
(State of country)	1121.7	What tast confirmed diagnosis? Wes there an auto
15. MAIOEN NAME da	magdor	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	usky mil	Accidant, suicida, or homicide?
Bla 4	I with	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) 9 19	furt st la	Specify thether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	DOP 15= 2	Manner of Injury
Pley ausons les	1. Oate 15 . 195	Neture of Injury
19. UNOERTAKER	t 8.1	24. Was disease or injury in any way releted to occupation of deceased?
(Address)	The of	If so, specify from F Manne
20. FILEO DCC 19 19 37	x. may jumer.	(Signed) Dalestuy, mo



To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:	ate of onset	The principal cause of death and related causes	Date of onset
Arteriosclerosis	1915	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	uly 5,1927	Peritonitis	3 days ago
JAN 6 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones M	1ay 1,1923	Gastroenteritis	1 year

ADDIT	IONAL SPACE FOR F	URTHER STATEM	ENTS BY PHYSICIA	N
dam (vis. 12)				

BINDING

FOR

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AUSE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		. 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	11 N 6 1883	July 5,1927	Peritonitis	3 days ago	
1	EU-121 1. 3.	1000			
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13392
	1. PLACE OF DEATH	188 222
	County Vicanico:	Registration Dist. No. 993
1	Village or City Daliny and P. G. Hospita	No. St., /3 Ward
	Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME Edward Smith	i Co.
		St Ward Tarsonsbung, Ind
	(a) Residence: No. (Usual place of abode)	St., Ward. MSMASSUM, MA
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the flord)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clinic Smitt,	22. I HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTII (month, day, end year) Am. 1. 14 187/	liast saw h. 2 alive on 2 2 1937; death is said
-	7. AGE Yaars Month Oeys If LESS than	to heve occurred on the date stated above, at & 24 Am.
1	66 J 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
-	8 Trade profession or particular	Parches renal vasantes de l'entre
	Kind of work done, as SPINNER, Farming	
	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
-		
	10. Data deceased last worked at this occupation (month and year) occupation.	
		Other Contributory Causes of Importance:
	12. BIRTHPLACE (city or town) WASS Word or (State or country)	Descent value
STATE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PER	13. NAME Daniel Smith.	
	14. BIRTHPLACE (city or town) Linkers (State or country)	Nama of operation
	(Orace of country)	What test confirmed diagnosis?
-	15. MAIDEN NAME Malakie Dunkan	23. If death was due to external causes (VIOL ENCE) fill In also the following:
	16. BIRTHPLACE (city or town) Mess Wesses 90.	Accident, suicide, or homicide?
	17. INFORMANT Helen Hulson (Address) Salvigues Md.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSFRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Thomas Hill Com Data Dela 29th, 1937.	Nature of injury
	19. UNDERTAKER NEM . Howard Wells.	24. Was disease or injury in any way related to occupation of dacaased?
	(Address) Pittaille md.	If so, spacify
-	20 FILEO Dec 26, 1937 fr May Junes	(Signed) M. C
	Registrar.	(Address) fulsoling land

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	- 1	Example II		
The principal cause of of importance were as f	death and related causes collows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SECTIVEL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 6 1938	July 5, 1927	Peritonitis	3 days ago	
	- See See See See See See See See See Se	14	ment and a second		
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

13393

1. PLACE OF DEATH	(3)
County Wicomiss	Registration Dist. No. 333
Village or City Scales Course	No. 404 Ellew St. St & Ward
	(If death necurred in a horpital nr institution, give its NAME instead of street and number)
Still Borne 1 100 110	_mosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Infant of Califabeth	If U. S. Veteran, specify WAR
(a) Residence: No. 404 Gillelle St. (Usual place of abode)	St., Ward,  ff nonresident give city nt town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL	21. DATE OF DEATH
male a a Sufaut	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended decesed from
6. DATE OF BIRTH (month, day, end yeer) Sec. 18,1937	
6. DATE OF BIRTH (month, day, end yeer) Dec. 18, 19 3 7. AGE Years Months Days // If LESS the	
// NCHO B 1 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Midustry or business in which	XXXXX
work was dona, as SILK MILL, SAW MILL, BANK, etc	
this occupetion (month and spent in this occupation occupation	J N 1V
S. 0 'l	Other Coatributary Cases of Importance:
(State or country)	
13. NAME Charlie, Stone	SU E I I I I I I I I I I I I I I I I I I
13. NAME Charlie Stone 14. BIRTHPLACE (city or town) Boston	Name of operation Data of
(State or country) massachusetts	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Elizabeth Trader	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Trader  16. BIRTHPLACE (city or town) Salisbury  (State or country)	Accident, suicida, or homicida?
∑ (State or country) Maryland	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME or in PUBLIC DIRECT
17. INFORMANT Mrs. Elizabeth Stone (Address) 404 Ella St. Salisting Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place talling full Date 19	Natura of injury.
19. UNDERTAKER Jas F. Slawart	24. Was diseasa or injury in any way related to occupation of deceased?
(Addrass) Salisbury Mide	If so, specify 1
20. FILED DEC 23, 19 37 8. May Jum	ex (Signad) Gerkeres M. D.
Registra	(Address) - Alle Allens Mark all

V. S. No. 1

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
AN 6 1938				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

agation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RGIN RESERVED FOR BINDING LY, WITH

WRITE PL

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Timed My (95)
County / Congres	Registration Dist. No. 333
Village or City Salishy Md.	Not PR Tracke St. 5 Wa
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
11. 700 -1:	ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME WHILE Jumm	If U. S. Veteran, specify WAR
(a) Residence: No. Mor Jell Ma	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SABLE, MARRIED, WIDOWED	21. DATE OF DEATH Dec. 24. 193
ia. If married, widows ar divorced	(Month) (Day) (Year)
HUSBAND of Marie B. Disserver	22. I HEREBY CERTIFY, That t attended deceased f
with the second of the second	, 19, to, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19, death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
52 2 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:  The actual of Mills Date of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Was found dead on streets near makeness.
Industry or business In which work was done, as SILK MILL,	Cause of death : Zinknown Culse
SAW MILL, BANK, etc.	The state of the s
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Thomas Jimmo	ne e
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Mary and / Let	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Possellville	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) / Prullville (State or country)	Where did injury occur?
TINFORMANT Marie B. Dipringor	(Specify city or town, county and State)  (Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 5 60, / 31000 11, Sal	is for med
B. BURIAL, EREMATION, OUREMOVAL	Manner of injury
Place It cem. / Date 10 10 9 9 9 27	Nature of injury 1
24 194.	
9. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
Nessen 12 13 Ct.	(Signed) IN COSULULY (
20. FILED DEC 4, 19.0 / J. May Surver. Registrar.	falled 1 min
the state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. Iz.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1

THE THE PROPERTY AND THE PRINCIPLE	WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT	nation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	947
County Meonico	Registration Dist. No. 333
Village or City Salishures	No. 779 Cander St., 13 Ward
Length of residence In city or town where death occurred Lyrs was	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
7 V . (.) / .	
2. FULL NAME augustus l'adden	If U. S. Veteran, specify WAR
(a) Residence: No. 1779 (under) UMC: (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
That N/ 1872	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) // AU, / U, / S / C.  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Date of onset
o kind of work done, as SPINNER, Menser Das fee	Day was markey
✓ 9-Industry or business in which	Sterring troub
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month end 9/1/4/37 spent in this /1////	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	000
(State or country) / Mulfland	Africal at this tolliers 2915
13. NAME Steples f. S'Oadvere	
4. BIRTHPLACE (city or town) / / / (State or country)	Name of operation
	What test confirmed diagnosis? Was there an aulopsy?
T TORONG	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, sulcide, or homicide? Date of Injury, 19
Whish Wines Was daises	Where did injury occur? (Specify city or town, county and State)
(Address) Salia aury, M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
1 Wishers energy Thursday 1 3/3 / 19	Nature of injury/
TO HADEDTAKED The Will & Orland Co.	24. Was disease of injury In any way related to occupation of deceased?
19. UNDERTAKER Ala HILL A HARAGE CO' (Address) Falix hund Me,	If so, specify
20. FILED Jan 3, 19 39 & May Junes	(Signed) M. D.
Registrar.	(Address) Sauswury, Va.
inore vianks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
(1)	(34)
County Wicomico	Registration Dist. No. 33.3
Village or City Salisbury 11d	No. St., Sward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carlotta Scent	If U. S. Veteran, specify WAR
(a) Residence: No. 117 Willow	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W100WED, OR DIVORCED (write tha word)	21. DATE OF DEATH
temale a.a. Single	(Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended dacaasad from
(or) WIFE of	LEC 9 1937 to LEC 10 1937
6. DATE OF BIRTH (month, day, and year) Dec 9 1935	I last saw h. A alive on DEC 10 ,19.37; death is said
7. AGE Years Months Days if LESS than	to have occurred on the data stated above, at
0   1 day,hrs.	more se tellone.
8. Trade, profassion, or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	A C A D A B
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Constitutal Hyphelis Je.
10. Date deceased last worked at this occupation (month and year)	170
9-1:1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	-
13. NAME Joseph Willitim ton	
13. NAME Joseph Whittington  14. BIRTHPLACE (city or town) Marion Station	Name of operation
(State or country) Maryland	What tast confirmed diagnosis? Clinical Was there an autopsy? 740
15. MAIDEN NAME Novella Trend	23. If daath was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Novella Trend  16. BIRTHPLACE (city or town) Salvatory  (State or country)	Accident, suicida, or homicide?
(State or country) Mary Park	Whera did Injury occur?
17. INFORMANT Novelly Frents	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 117 Willow St. Salishum Md	-
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dec. 13, 1937	Nature of injury
19. UNDERTAKER James 7. Stewart	24. Was disease or injury in any way related to occupation of deceased?
(Address) 14026, Church St. City	If so, spacify
20. FILED Dec 131937 & May Junes	(Signed) M. D.
Registrar.	(Addrass) 101 W. Mull St. Jalus vary, The
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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PHYSICIANS

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mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

rion is very important.

WRITE PL

V. S. No. 1 N. B. Exact statement of OCCUPA.

AD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13397
1. PLACE OF DEATH	948
County Thecomico	Registration Dist. No. 333
Village or City Salisbury	No. 114 Broad St. St. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredO_lyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Gordon fruit	If U. S. Veteran, specify WAR
(a) Residence: No. 1/4 Broad Stree	St. 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 24
Male White Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22: No alter EBY CERTIFY. Thet I attended deceased from 19 , to
6. DATE OF BIRTH (month, day, and year) October 11 -1876	l iast saw halive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
6   2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. harmasist	
9. Industry or business In which	County Minimus
work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	
10. Pate deceased last worked at /11. Total time (years)	HOLAN & NOGEN
this occupation (month and spant in this occupation	
Solidares	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Lacus Villa (State or country) Mary Hand	Diana di Managana Bagan
13. NAME Comes II Butt	conditive conditions by the
I s. white fames . Auch	
4 14. BIRTHPLACE (city or town) Law Salesbury (State or country)	Name of operation Dete of
2	What test confirmed diegnosis? Was there en eu'opsy?
15. MAIOEN NAME Denrutta Griffin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) New Trends Qua	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where dld injury occur?
17. INFORMANT Trilliam S. Moore, (Address) Arutland, Mareshand,	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place FARSONS Cerso. Date Duc. 27, 1937	Nature of injury
19. UNDERTAKER The Hill & Johnson co.  (Addiess) Salish of Marie	24. Was disease or injury in any way related to occupation of deceased?
A 21 Al (Ph)	MANALO CALLE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bushiau v. 3	Section 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS, should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. RGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be nation should be carefully supplied. AGE should be

WRITE

TION is very important. See instructions on back of certificate.

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	13398
County Wicemica	Registration Dist. No. 337
Village or City Mantileate	No. St. Ward
7, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME: Sund I young to	WANGER U. S. Veteran, specify WAR
(a) Residence: No. If Monthly (Usuel place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. CHEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and year) 2125 5 1888	I last saw h alive on Re 4 , 1937; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date statad above, at 10.3.0.4.m.
49 10 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Clockval throubour
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	
SAW MILL, BANK, etc	
10. Date decaasad last worked at this occupation (month and year)	Obs. Contract Court Invades
12. BIRTHPLACE (city or town) Manling tel	Other Contributory Causes of Importence:
(State or country)	
13. NAME & divared S. S. Jurnine	
13. NAME O SUVATE S. S. Jurguere 14. BIRTHPLACE (city or town) Manual Conference  14. Conference of the conference of th	Neme of operation Dete of
(State of country)	What tast confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME Alice & Williams	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the following:
[ 16. BIRTHPLACE (city or town) Associated	Accident, suicide, or homicida?
(State or country)	Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT MAN ANTHONY SANTAGEN	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Manual Reliefe Sel 1th 193)	Neture of Injury.
19. UNDERTAKER MILLS TO SHIP & Sens	24. Wes disease or injury In eny way related to occupation of decaased?
(Address) Birachel ufd	If so, specify 600
20. FILED Lec. 15, 1937 R. Hoalford Walter	(Signed) M. D.
Registrar.	(Addrass)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STAT	FEMENTS BY PHYSICIAL	V
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stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

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TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be

CAUSE OF DEATH in plain terms, so that it may

of OCCUPA-

V. S. No. 1

STATE OF MARYLA	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Wycomuser	Registration Dist. No. 33
Village or City Alisbury	No. And Haspital St. 13 Ward
Vinuge of one	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosde. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Slill Born	Waters If U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (wrighth	e word) 28 193 7
	(MUII(II) (Day) (1661)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 12/28/	3 7 I lest saw hative.op///////////////////////////////////
	SS than to have occurred on the date stated above, at 10-4-12m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Still L
9 Industry or business in which work was done as SILK MILL.	Julie France
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Aliabury	Other Centribatory Causes of Importance:
(State or country)	Mill brus
13. NAME Senjamin Waters  14. BIRTHPLACE (city or town) Mansicore	
14. BIRTHPLACE (city or town) Manuicate	Name of operation
(State or country)	What test confirmed diagnosis? Was there en europsy?
15. MAIDEN NAME Childre Travelly	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Mulicafel	Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT SILMANIAN AND AND AND AND AND AND AND AND AND A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Manticake Ma Date selle 29	, 193.7. Neture of injury
19. UNDERTAKER Africa La Sur L	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Dec 29, 1937 J. May Jun	(Signed) Jalishery M.D. (Address) Jalishery Weel

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	HOF CELYE	1915	Attack of epilepsy	1 week ago.
Chronic interstitial nephric	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1938	July 5,1927	Peritonitis	3 days ago
	3. * 1- / 2			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

WRITE PLA

V. S. No. 1

1.	PLACE OF DEATH		87-D	
	County Wilcomy	1A	Registration Dist. No. 330	
	Village or City Masalla	Sprunk ma	NoSt.,	War
	Length of residence in city or town where de		f death occurred in a horpital or institution, give its NAME instead of street and r sds. How long In U.S. if of foreign birth?yrsm	
	601 -1	m/star	10.000	
2.	FULL NAME ON W.	IN STAINE, 7		
	(a) Residence: No.	(Usual place of about)	St., Ward.  If nonresident give city or town and	State
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	X 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH	n
7	Female some	marila	(Month) (Day)	(Year)
1	married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY That I attended	document fro
•	(or) WIFE of Lambs	Walson	12 28 1937 to Dee	193
. DA	TE OF BIRTH (month, day, and year)	mel 19 1868	I last saw h. e. élive on D. e. 19.3	; death is s
. AG		Days If LESS than	to have occurred on the date stated above, at 3_Am.	
	69 8	/ 2   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of ons
	8. Trade, profession, or particular kind of work done, as SPINNER,	22 lineto		
	SAWYER, BOOKKEEPER, etc	Davison	PARALYSIS (J91XANS	192
. 1	work was done, as SILK MILL, SAW MILL, BANK, etc.	·		
1	O. Date deceased last worked at this occupation (month and 197	11. Total time (years)		
	year) 1-1-gy	/_ octupation	Other Centributary Canses of importance;	
12. BI	IRTHPLACE (city or town) Naw	Harly ma.		
~ I	(State or country)			
=	3. NAME SELPH I	ares 1		
1	4. BIRTHPLACE (city or town) - X) ANS	Llow Commy	Name of operation Date of	
-	(State or country)	mail.	What test confirmed diagnosis? Was there an a	
	5. MAIDEN NAME	H Bank	23. If death was due to external causes (VIOLENCE) fill In elso the following	
1	(6. BIRTHPLACE (city or town)/\(\subseteq \lambda \)  (State or country)	ma'	Accident, sulcide, or homicide? Date of Injury  Where dld injury occur?	, 19
	0 - 1111 1 911	itas Qa.	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e)
17. IN	(Address)	1/ Spilling ma	t	
18. B	URIAL, CREMATION, OR REMOVAL	1911/2	Manner of Injury	
	Place // MACA CAM	Date 2003, 197	Nature of injury	
19. (1)	NDERTAKER MINO CG M	usiek House	24. Was disease or injury in any way related to occupation of deceased?	NO
	(Address) Thehir		If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) .....

Registrar.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

-WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	instructions on back of certificate.
-WRITE PLANTY, WITH UNFADING IN	mation should be carefully supplied. AGE s	GAUSE OF DEATH in plain terms, so that it	TON is very important. See instructions on back of certificate.

CTATE	OF	I A A DAVI	ANID OF	RTIFICAT		DEATH
SIAIF		MARYI		RILLI	F ()F	
JIAIL			AILD OF	IVIII IOAI		PLAII

15	1	1	1 1	1
1	0	4	U	1

1. PLACE OF DEATH	(159)
County Kicguisco	Registration Dist. No. 333
Village or City Salashary	No. Jens Yen Ashital St., 13 Ward f death occurred in a hospital or institution, give it's NAME instead of street and number)
	sds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME While Baby Boy	If U. S. Veteran, specify WAR NO
(a) Residence: No. Pillstelle M. (Usual place of abodé)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Surge	21. DATE OF DEATH  December 19, 1937  (Month) (Dev) (Year)
5a. If merriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 16-1937	
7. AGE Yeers Months Deys If LESS, than 1 day,hrs.	to heve occurred on the deta stated above, ofm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data daceased last worked at this occurrence of months and senset in this	Trematurely
10. Data daceesed last worked at this occupetion (month and yeer)	
12. BIRTHPLACE (city or town) Deltainele!  (Stete or country)	Other Contributory Causes of importance:
13. NAME Frank Whete	
14. BIRTHPLACE (city or town). Tittsville 'Md.	Name of operation Dete of What fest confirmed diagnosis? Chuical Was there an autopsy? Lo
15. MAIDEN NAME Beatrice Watson,	23. If deefh wes due fo external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Titlesize ( (State or country)	Accident, suicide, or homicide?
17. INFORMANT Frank White	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Frague Salvigh Com Dete Dec. 1901. 193.7	Manner of Injury
19. UNDERTAKER Win Morrord Wells.  (Address) Fittgealle 20.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Dec 19, 1937 & May Jumes Registrar.	(Signed) Geltella M. D.  (Address) Salisleery, Wary and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLA

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago
		1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance:	1 year
	1915 1921	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  Iuly 5, 1927 Peritonitis  Other contributory causes of importance:

should state OCCUPA-

PHYSICIANS

stated EXACTLY classified.

certificate. properly

Jo

See instructions on back

very important.

may

that

plnods

supplied. in plain terms,

should be carefully

OF DEATH

OCCUPATION

FATHER

MOTHER

Jo

statement

Exact

Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

10. Data deceased last worked at this occupation (menth and

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town) (Stata or country)

16. BIRTHPLACE (city or town)

13. NAME

19, UNDERTAKE

(Address)

UNFADING INK-THIS

Deys

11. Total time (years)
spent in this

occupation-

If LESS than 1 day, .... hrs. or ..... min.

Months

	1	" 1	1	11	()
ī	1	0	4	U	4

	Registration	Dist. No.	333
No.		Çŧ	13 Ward
death occurred in a hospital or ins			nd number)
ds. How long in U.S.	if of foreign birth?	yrs.	_mosds.
If U. S. Vetera	an, specify WAR	70	
St., Ward.	16	it give city or town	10.
MEDICAL	CERTIFICAT		
21. DATE OF DEATE	1		
W.	lumbe	1 19	, 193
	(Month)	(Day)	()/eer)
	BY CERTIF		ded deceased from
D4 (5		rex 19	, 194
I last saw harman alive on		, i9.	; death is seid
to heva occurred on the date si			
The PRINCIPAL CAUSE OF DI were as follows:			Date of onset
Carefer Rena		hav	Quelon
disease			
Other Contributory Causes of in	mportance:		3 days
	9		agag
Neme of operation		Oate o	
What tast confirmed diagnosis?	Cliver	C Was there	1-
23. If death wes due to externel			
Accident, suicide, or homicide?			
Where did injury occur?		. outo or many	
Specify whether injury occurred	(Specify city of in INDUSTRY in H	or town, county and	State)
aposity whother injury decarte.		OILL, OF IN TOBETO	TLAUE.
Manner of injury			
Neture of injury			
24. Was disease or injury in an	v way related to occur	nation of viaceased?	20
If so, specify	,,	O I	
(Signed)	puon	entre	M. D.
(Address)	1 Sal	ilm	ruch
Oder N. Charles Street B. tr	D		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 6 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County	Wicos	nico.		Registration Dist. No.	3.
Village or	City Man	ticake	No		St.,
Langth of re-	idanca in city or town wher	death courred		hospital or institution, give its NAME instead of a long in U.S. if of foreign birth?yrs	
	9	, asam occurred			
2. FULL NA		wie will		U. S. Veteran, specify WAR	
(a) Reside	nce: No.	(Usual place of abode)	St.,	Ward.  If nonresident give city or	town and
PERSOI	NAL AND STATIS	TICAL PARTICULAR	RS M	EDICAL CERTIFICATE OF DE	EATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIL		F DEATH	
m	w	OR DIVORCED (write the		(Month) (Day)	
5a. If marriad, wido HUSBAND of	wad, or divorced	~			
(or) WIFE of	Alella	. dyane	12. n	HEREBY CERTIFY, That I	attended
4 DITT OF BIRTH		0 . 10	/ D 7 / Llast saw h	alive on the state of	10
	(month, day, and year) ars Months /	Oays If LE	SS than to have occurred	on the dete steted above, et_1.430 ARm.	., 10
	63 5	) Oy 1 day,	hrs. The PRINCIPAL	CAUSE OF DEATH end raleted causes of Import	tance
8. Treda, prof	ession, or particular	O   or	min. were es follows:		7
No kind of SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc	aysler De	uker	0 10	. 17
9 Industry or work w	business in which as done, as SILK MILL,		av	wat - f-ve	6-
SAW MI	LL, BANK, etcsed last worked at	11. Total tima (years	<i>a</i>		0
O this occ	upation (month and	3-7- spant in this occupation	3 4/20	tonon 1th	- D
	1	u liante	Other Contribute	ory Causes of Importance:	
12. BIRTHPLACE (d (State or con		mucy co			
₩ 13. NAME	James.	P. Tir Illin	0		
E /	(city or town)	miticatell	Name of operation	)n	Date of
(State o	r country)	Mel.		ned diagnosis? Was	
15. MAIDEN N	AME Amou	ie tearew	,	ue to external causes (VIOLENCE) fill in also th	-
p	E (city or town)	1	Accident, suicide	, or homicide? Date of Inju	ıry
∑ (Stata o	r country)	Ma	Where did injury	occur?	16.
17. INFORMANT (Addrass)	Franklin	pe de llin	Specify whether	(Specify city or town, coun Injury occurred in INOUSTRY, In HOME, or In P	UBLIC PL
	TION, OR REMOVAL	7	Manner of Injury	/	
Plece Zan	conta Com Mas	Myadate Dec 18	., 19.7.2. Nature of injury.		
19. UNOERTAKER	Mashall	Jusich & Son	24. Wes diseese o	or injury in any way prated to occupation of dec	aased?
(Addrass)	NINU OUNT				

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13404
1. PLACE OF DEATH County // Commice	460
Village or City Salishey Ma.	Registration Dist. No. 95 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Javenia P. Mylson	If U. S. Veteran Speciff WAR
(a) Residence: No. / furning A. (Usual place of abode)	St., Ward  If nonresident/vive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jessel 4. Color of RACE S. SINGE MARRIDO, WIDOWED, ON DATORCED Corrie the word)	21. DATE OF DEATH LLC 22d , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of USSIL Thomas Wilson	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF FIRTH (month, day, and year) Nov. 30, 1850	I last saw h LL alive on Lee . 2151, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 75
8. Trade, profession, or particular kind of work done, as SPINNER, lametrees SAWYER, BOOKEFEPER, etc.	Ukenua Dec. 20,9
9. Industry or business in which work was four. as SILK Miles	obstruction 3 weeks as
DD. Date deceased last worked by this according months are 193 U/Total time (years) spent in this year)	go replistis unknown
12. BIRTHPLACE (city or town) Kulman	Dither Contributory Canses of importance:  The intestinal obstruction was due to
(State or fountry)  W 13. NAME / Askington Cole	Concer Cancer of the large intestine Colod.
13. NAME / Astrong Con Cole Out of 14. BIRTHPLACE (city or town) Surgery County (State or country)	Name of operation
	What test confirmed diagnosis? Clusical Was there an autopsy? 400
15. MAIDEN NAME Play afelt Fleater  16. BIRTHPLACE (city or town) Survey County	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
Statemer country Well	Where did injury occur?
17. INFORMANTIME. Clara Rownsy (Address) Hammad et Salu	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ON DAR DEC. 24,1937	Menner of injury
19. UNDERTAKER Address)	24. Was disease or injury in any way related to occupation of deceased? 40
20 FILED Dec 23, 1937 J. May Jurner Registrar.	(Signed) Celters M. D. M. D. (Address) Sales legge Me moule
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroentcritis 1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13405
1. PLACE OF, DEATH	10100
County Riconic	Registration Dist. No. 330
Village or City Marshela Springs	No. St. / Ward
1/2 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Course (1. Allson	If U. S. Veteran, specify WAR
(a) Residence: No. Mardels Sprangs (Usuaf place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male This OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of X MENA Thilson	1 HEREBY CERTIFY That I attended deceased from 1937
6. DATE OF BIRTH (month, day, and year) aug. 1, 1859	I last saw here alive on Dec 25, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.3 M.m.
78 4 74   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Redied & Luner	State of the same
9. Industry or business in which	C. A roste organismo
work was done, es SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) spant in this occupation (month and 1936 year) year)  12. Total time (years) spant in this source occupation	
year) occupation occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Adultus	7
13. NAME Xerini Mr. Shilson	weres sela solo,
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Elizabette Pailey	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALLY M. Aulton. (Address) Pallainaic, M.L.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place / Manual Date / / / / 19	Nature of injury
19. UNDERTAKER The Hill A Johnson Co.	24. Was disease or injury In environ yrelated to occupation of deceased?
(Address) Lair hauff grd.	If so, specify & Comment of the specific of th
20. FILED 12/27/37, 19 MA OK of Estava	(Signed) M. D.
Registrar.	(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year